

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/506734  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓					↓		↓	
TOTAL DEP.			←		←					←		←	
TOTAL CLAIMS													
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TOTAL IND.			9		↓					↓		↓	
TOTAL DEP.			83		←					←		←	
TOTAL CLAIMS			92										